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ABSTRACT

Constituting a secondary preventive intervention, 61 low SES preschool children attending four inner-city day care centers were provided a program of social skills building exercises. In contrast to primary preventive efforts that focus on a central concern, secondary prevention attends to potentially serious concomitant issues. In this study the central concern was the signs of social or behavioral difficulties some of the children exhibited. The secondary concern was the possibility that individuals selected for treatment might be negatively labelled or stigmatized if singled out. Therefore, entire classes were involved in the program and no child was publicly identified as a target of intervention. Teachers designated 18 children with nascent social or behavioral problems, and a comparison group of 18 non-target children was formed. Delivered to small groups consisting of target and non-target children, the intervention program provided reinforcement of appropriate social behaviors, modelling of prosocial behaviors, use of peer models, and behavioral rehearsal. At the beginning and end of the 8-month intervention, both target and non-target groups were observed 10 times. Results indicated that target children showed significant increases in interacting with other children and significant decreases in playing alone. Decreases were found in agressive behavior. Results were viewed with caution due to the study's lack of a control group. (RH)

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Developing Social Skills Among Day Care Children

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Abstract

An early secondary preventive intervention, focusing on day care youngsters, established and strengthened social and interpersonal skills. Target youngsters with early signs of maladjustment, as well as nontarget healthy peers, were provided a group-based intervention. Teachers were also provided weekly consultation sessions in order to inform them of children's progress during group sessions and to establish specific behavioral techniques to improve their classroom management skills. By program end, target children evidenced significant increases in interacting with other children and significant decreases in playing alone. In addition, directional decreases were found in aggressive behavior. An added benefit of this program, which involved all classroom children, is that the likelihood of stigmatizing certain children as being different from their peers was reduced.

Developing Social Skills Among Day Care Children

As more and more women seek employment outside of their homes, many pre-schoolers will spend considerable time with substitute care (Sale, 1973). Most of these youngsters, with working parents, will be either cared for in their own homes, in other people's homes, or in group day care centers. In any of these settings, the quality of care, broadly defined, has a direct influence on the development and maintenance of critical behavioral and interpersonal competencies. Preventive oriented psychologists can benefit considerably by focusing their efforts on implementing programs for children in these settings.

The most popular form of intervention mounted by community psychologists during these formative preschool years has been enrichment programs aimed at strengthening and establishing comprehensive cognitive, social, and interpersonal competencies (Jason, 1975). Many of these programs were based on the premise that failure to master certain abilities during the first few years would seriously impair attainment of these competencies in later life. More recent evidence has suggested that if adverse environmental effects are not prolonged indefinitely, youngsters have the resilience to overcome early difficulties (Hobbs & Robinson, 1982). However, youngsters are at high risk for later developmental and life difficulties if they are exposed to long-term adverse stressors, or continuous malfunctioning in the organism-environment transaction (Sameroff & Chandler, 1975).

Among the more behaviorally oriented investigators, the need for developing appropriate behavioral and social skills during the preschool years has been amply documented. Several behavioral psychologists have successfully implemented programs which established these types of skills among children in preschools and daycare centers (Rowbury & Baer, 1980). Such interventions have most frequently been

targeted among at-risk youngsters, that is, children with identified deficits in either academic or behavioral areas. An unintended by-product of these types of programs is that certain children might be labelled or possibly stigmatized as being problematic and different from their peers.

If children are labelled as deviant, the stigma might function repeatedly to confirm the initial diagnosis (Rosenthal & Jacobson, 1966). In one secondary preventive program aimed at delinquent youths, a thirty-year follow-up found that program children, when compared to nonprogram controls, were more likely to evidence signs of alcoholism, had more serious psychiatric problems, died at an earlier age, evidenced more stress in the circulatory system, and were more likely to commit a second crime (McCord, 1978). While these findings should caution preventive mental health professionals, there still are patent needs to help youngsters with early signs of behavioral and social problems. Early secondary preventive interventions might avoid negative second order effects if programs are designed which minimize the labelling or stigmatizing process. The present study attempted to accomplish this by involving entire classes of daycare youngsters, with none identified as the exclusive targets of the project. It was predicted that youngsters evidencing early signs of maladjustment would manifest significant improvements in their behavior and relationships with peers without the concomitant possible negative effects of labelling.

Method

Participants

The intervention occurred in four inner-city day care centers for low SES children aged 4 to 5 years old. During the course of the 8-month project, 61 children were provided a program featuring the development of social skills. Teachers targeted 18 children as evidencing early signs of social or behavioral

difficulties. A comparison group of 18 non-target children were also assessed. There were eight male and ten females among the target and non-target youngsters. In regard to racial variables, there were four black, seven white, and seven latino children in the target group, and four black, six white, and eight latino children in the non-target group.

Program

Four entire classes of daycare children were provided social skills building exercises. Each class was divided into groups which consisted of five to six youngsters and two graduate students. There were both target and non-target youngsters within each of the groups. The groups met for about twenty minutes weekly over an eight-month period of time.

Group leaders were psychology or social work graduate students who were involved in practicum experiences at DePaul University Mental Health Center. Several hours of training were provided prior to the interventions, and one hour of weekly supervision occurred throughout the project.

The program featured the following elements: (a) reinforcement of appropriate social behaviors (e.g., when a child shared a toy with another youngster, the group leader would verbally praise the child); (b) modelling of prosocial behaviors (i.e., group leaders would demonstrate cooperation behaviors when working on a group task); (c) use of peer models (e.g., target children were given opportunities to imitate non-target children's appropriate behaviors); and (d) behavioral rehearsal (i.e., the youngsters were provided situations to role-play, and appropriate strategies and solutions were reinforced). In addition, teachers were provided information concerning children's progress and behavioral consultation immediately following the group sessions. Teachers were provided behavioral strategies (selective attention, points, positive practice, etc.) for dealing with everyday

problems which arose with any of the children in their class.

Measures

Both during the beginning and end of the program, a group of 18 target and 18 non-target children were observed ten times using a system to be described below.

Behavior	Definition
crying	- whinning or tears rolling down cheeks
positive affect	- smiling (a turning up of the corners of the mouth) or laughing (child emits sounds similar to "ha-ha")
sitting alone	- child alone, not interacting with either children or any materials
playing alone	- child alone, not interacting with other children but is playing with some materials
interacting-child	- child positively interacting with other child
interacting-adult	- child positively interacting with an adult
aggressive behaviors	- hostile or destructive act toward others

A child's behavior was observed for 5 seconds, then during the next 15 seconds, occurrences of any of the behaviors above were recorded. Two independent observers rated the children at the two testing points. Interobserver reliability for all behavioral categories averaged over 85%.

Results

Statistical analyses conducted on the data employed nonparametric techniques due to the violations in assumptions of parametric analyses (e.g., observations drawn from normally distributed populations, populations must have the same variance). Sign tests (Seigel, 1956) were used to assess pre-post changes for the target and

non-target youngsters. Means and standard deviations for the different groups are outlined in Table 1. For the target youngsters, there were significant increases

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Insert Table 1 about here

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in interacting with other children ($\chi = 3, p < .01$) and significant decreases in playing alone ($\chi = 4, p < .05$). In addition, there were directional increases in positive affect and interacting with adults, and directional decreases in aggressive behavior and sitting alone. Among the non-target children, no significant pre-post changes were observed, although directional increases in interacting with other children were found.

Conclusion

Within the context of an early secondary preventive intervention, all youngsters within four day care centers were provided social skills training exercises and teachers were provided information and feedback. Findings from the study indicate that target youngsters manifested less isolate behavior and more interactive behavior with peers. Directional trends towards decreases in aggressive behavior were also noted. These results suggest that the youngsters with initial signs of maladjustment had become more socially active and less aggressive by program end. The opportunity to interact in small groups with more adjusted peers, receive social reinforcement for displaying appropriate social skills, and role playing where new competencies could be rehearsed and strengthened were principal factors in accounting for the changes.

The findings above should be viewed with caution due to a major methodological flaw - the lack of a control group. Without this no-treatment group, it is impossible to rule out the possibility that youngsters' behaviors might have changed over time in the absence of any intervention. If randomly assigned control groups had been established, a central purpose of the study would have been negated, that

being provision of services to all youngsters. One approach for eliminating this problem would be to select matched day care classes which would receive no formal social skills intervention.

The central mission of the present study was to demonstrate how a secondary preventive intervention could be integrated, with minimal intrusiveness, into the culture of the day care centers. Such programs have the following salutary characteristics: (a) all youngsters are provided a potentially socially significant experience; (b) problem and nonproblem children are given an opportunity to share contrasting perceptions of behavioral strategies with predetermined consequences; and (c) the process of labelling certain youngsters as being different from their peers is minimized.

Many of the activities of school based mental health professionals, often due to service guidelines from funding sources, involve identifying youngsters with early or entrenched problematic behaviors and, when possible, providing them interventions which unwittingly separate them from their peers. From a community psychology perspective, this is unfortunate, as it might inadvertently contribute to further alienating youngsters and denigrating a psychological sense of community (Sarason, 1974). When operating in school settings, the community oriented psychologist actively develops strengths and competencies by promoting heterogeneous settings which enable pupils to learn from each other. Hopefully, more studies will evaluate minimally intrusive preventive interventions which rather than isolating or segregating youngsters with early signs of behavioral difficulties, actively involve all youngsters, thereby reducing the likelihood of stigmatizing certain children as being different from their peers.

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Table 1

Target and Nontarget Children's Behavior During Pre and Post Testing Periods

	Target Children				Non-Target Children			
	Pre		Post		Pre		Post	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Crying	.6	2.4	1.1	3.2	2.8	6.7	1.1	3.2
Positive Affect	23.9	25.2	30.0	20.9	30.0	31.4	24.4	20.0
Sitting Alone	15.0	19.5	10.6	13.5	14.4	16.2	11.9	16.7
Playing Alone	24.9	16.2	15.0	15.8	25.2	26.9	21.9	21.2
Interact-Child	43.0	21.9	60.8	23.3	40.9	24.9	56.4	23.6
Interact-Adult	15.9	18.1	27.5	17.5	18.3	16.9	16.1	17.8
Aggression	5.0	8.6	2.2	5.5	2.8	5.8	.6	2.4